## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

-	<del></del>									
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALLE	NTITY			R THAN
TOTAL CLAIMS			121		olumn 21 .	TYPE [		OR.	SMALL	<u>, -                                   </u>
			/01			RATE	FEE		RATE	FEE
FOR			NUMBER FILED NUMI		IMBER EXTRA	BASIC FEE	SIS	OR	BASIC FEE	<u> </u>
TOTAL CHARGEABLE CLAIMS			/8/ mir	nus 20= 🔭	/6/	XS 9=	1449	OR	XS18=	
INDEPENDENT CLAIMS			<u></u>	inus 3 = 6	23	X43=	986	OR	X86=	
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT \			+145=	1	OR	-290=	
* 11	the difference	e in column 1 is	less than ze	es's than zero, enter "0" in column 2			2623	. ા	TOTAL	
CLAIMS AS AMENDED - PART II						,		3	OTHER	THAN
(Column 1)			(Column 2) (Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON.	Total	*	Minus	**	=	XS 9=		OR	XS18=	
WE	Independent	*	Minus	###	=	X43=			X86=	<u> </u>
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLA	IM		 	OR		
						+145=		OR	+290=	
						TOTAL ADDIT FEE		OR ,	TOTAL ADDIT. FEE	
,		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Inaependent	×	Minus	***	=	X43=			X86=	
_	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CLA	M	7.10-		OR	7002	<del>.</del>
						+145=		OR.	+290=	
	TOTAL ADDIT FEE OR							OR ,	TOTAL ADDIT FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* ·	Minus	##	=	X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	=	X43=		ŀ	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT.CLA	M			OR		
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.								+290=	,	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20' onto 20'									TOTAL ODIT. FEE	
	t the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is less t	than 3, enter "3." the highest number f					